PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

Nobuhiko FUSHIMI

CURRENT CORRESPONDENCE ADDRESS ONOTED IS BIOGET for any change of address)

washington office 23373 customer number

APPLICATION NO.

10/591,757



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FILING DATE

09/01/2006

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

CONFIRMATION NO.

6348

ATTORNEY DOCKET NO.

Q96646

TITLE OF INVENTION THEREOF AS DRUG		S FUSED-RING DERIV	ATIVES, MED	ICINAL COMPOS	ITIONS CONTAI	NING THE DERIVATI	VES, AND USE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATI FEE	ION PREV. PA	AID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440,00	\$300.00		\$0.00	\$1,740.00	03/17/2008	
EXAMINER			ART UNI	T CLASS	SUBCLASS			
	Niloofar Rahmani		1625				•	
☐ Change of corresponder PTO/SB/122) attached	ndence address (or Cl l.	cation of "Fee Address" nange of Correspondence	Address form	(1) the names of attorneys or agen	the patent front pa of up to 3 registers OR, alternatively	ered patent y, 2	rue Mion, PLLC	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.				member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRINTE	D ON THE PAT)			
		ntified below, no assigned appletion of this form is l				ntified below, the docur	nent has been filed for	
(A) NAME OF ASSIC				STATE OR COUN				
KISSEI PHARMACE		Nagano, Ja	`	JIMIE OK COOK	iki <i>j</i>			
Please check the appro	opriate assignee catego	ory or categories (will no	ot be printed on t	he natent): [] Indiv	idual ♥ Comorati	on or other private amor	entity 🗆 Government	
4a. The following fee(be printed on the patent): ☐ Individual ☑ Corporation or other private group entity ☐ Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
☑ Issue Fee				☐ A check is enclosed.				
☑ Publication Fee (No		☐ Payment by credit card. Form 1310-2038 is attached.						
☐ Advance Order - # 6	. •	☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any						
= navance order "		overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).						
		☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.						
5. Change in Entity Sta	atus (from status indic	ated above)					· · · · · · · · · · · · · · · · · · ·	
a. Applicant claims	SMALL ENTITY sta	itus. See 37 CFR 1.27.	🗆 b. Appli	cant is no longer cl	aiming SMALL E	NTITY status. See 37 Cl	FR 1.27(g)(2).	
The Director of the US	PTO is requested to a	pply the Issue Fee and P	ublication Fee (i	fany) or to re-apply	any previously pa	id issue fee to the applic	ation identified above.	
NOTE: The Issue Fee party in interest as sho	wn by the records of	the United States Patent	and Frademark (yone other than the Office.	applicant; a regist	ered attorney or agent; o	r the assignee or other	
Authorized Signature	C	the the	Hly	Date		March 14, 2008		
Typed or Printed Name		eter D. Olexy	U	Registration No.		WONDAF24,66868859 19	4880 10591757	
Modified PTOL-85 (R	ev. 08/07) Approved	for use through 08/31/20	010	<u> </u>	01 FC:1501 02 FC:1504	1448.88 DA 300.88 DA		
					OC CL.: 1.394	SUM LIM DU		